Functional Rating Index (FRI)

TAHOE **CHIROPRACTIC**

In order to properly assess your condition we must understand how much your problem(s) has/have affect(ed) your ability to manage everyday activities.

For each item below please circle <u>ONE NUMBER</u> which most closely describes your condition right now.

Name _____ Today's Date_____ Birthdate _____ Age_____

1. Intensity of problem
   0 – None
   1 – Mild
   2 – Moderate
   3 – Severe
   4 – Worst possible

2. Sleeping
   0 – Perfect sleep
   1 – Mildly disturbed sleep
   2 – Moderately disturbed sleep
   3 – Greatly disturbed sleep
   4 – Totally disturbed sleep

3. Personal Care (washing, dressing, etc.)
   0 – No pain, no restrictions
   1 – Mild pain, no restrictions
   2 – Moderate pain, need to go slowly
   3 – Severe pain, need some assistance
   4 – Worst pain, need 100% assistance

4. Travel (store, appointments, vacations, etc.)
   0 – No pain on long trips
   1 – Mild pain on long trips
   2 – Moderate pain on long trips
   3 – Moderate pain on short trips
   4 – Severe pain on short trips

5. Work (washing dishes, sweeping, lawn care, etc.)
   0 – Can do usual work plus unlimited extra work
   1 – Can do usual work but no extra work
   2 – Can do 50% of usual work
   3 – Can do 25% of usual work
   4 – Cannot work

6. Recreation
   0 – Can do all activities
   1 – Can do most activities
   2 – Can do some activities
   3 – Can do a few activities
   4 – Cannot do any activities

7. Frequency of Pain
   0 – No pain
   1 – Occasional pain, 25% of day
   2 – Intermittent pain, 50% of day
   3 – Frequent pain, 75% of day
   4 – Constant pain, 100% of day

8. Lifting (grocery bag, laundry basket, pots, etc.)
   0 – No pain with heavy lifting
   1 – Increased pain with heavy lifting
   2 – Increased pain with moderate lifting
   3 – Increased pain with light lifting
   4 – Increased pain with any lifting

9. Walking (from car to inside, exercise, etc.)
   0 – No pain any distance
   1 – Increased pain after 1 mile
   2 – Increased pain after ½ mile
   3 – Increased pain after ¼ mile
   4 – Increased pain with all walking

10. Standing
    0 – No pain after several hours
    1 – Increased pain after several hours
    2 – Increased pain after 1 hour
    3 – Increased pain after ½ hour
    4 – Increased pain with any standing

For office use: Total Score _____ / 40 * 100 = ☐